



ROBERT “BO” RYALL
President & CEO

July 20, 2018

The Honorable Greg Walden
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

The Honorable Gregg Harper
Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Chairmen Walden and Harper:

The Arkansas Hospital Association (AHA) is a membership organization that proudly represents more than one hundred healthcare facilities and their more than 40,000 staff members as they strive to care for all Arkansans who seek care while complying with thousands of pages of statutory and regulatory requirements. The Association works to support, safeguard and assist our members in providing safe, high quality, patient-centered care in a rapidly evolving – and highly regulated – healthcare environment.

While we are honored to respond to your inquiry about the number of Sexual Assault Nurse Examiners (SANE) in Arkansas, the Arkansas Hospital Association has no regulatory authority. We do not dictate the services provided by our members or establish applicable standards of care. In fact, one of our primary missions is to assist our members as they comply with those thousands of pages of regulations applicable to their operations.

The American Hospital Association recently conducted a study of the impact of existing federal regulations from just four agencies – CMS, OIG, OCR and ONC – on health systems, hospitals and post-acute care providers and found that those agencies alone account for 629 discrete regulatory requirements across nine domains. The report noted that an average-sized community hospital spends nearly \$7.6 million annually on administrative activities to support compliance with federal regulations (and this figure rises to \$9 million for hospitals with post-acute care beds). Nationally, this equates to \$38.6 billion each year to comply with the administrative aspects of regulatory compliance *in just these nine domains*. Regulatory burden costs \$1,200 every time a patient is admitted to a hospital.

Arkansas is a rural state with an overall budget of about \$40 billion from all sources each year. Our state and its people are incredibly collaborative and do an excellent job of working through broad coalitions to maximize our talents and limited resources. To that end, responding appropriately and efficiently to patients who have been through unthinkable traumas is a community effort.

In 1991, the Arkansas legislature passed Act 727 that created the Arkansas Commission on Child Abuse, Rape, and Domestic Violence. This Commission, led by talented experts and advocates, has published and made widely available a hospital and community protocol for sexual assault forensic and medical examination. Regardless of whether the hospital is classified as urban or rural, the same protocol applies. Representatives of the Arkansas Crime Laboratory, the Arkansas State Police, the Arkansas Coalition Against Sexual Assault, the Office of the Attorney General, the Office of the Prosecutor Coordinator, Partners for Inclusive Communities, a number of Rape Crisis Centers, and Children's Advocacy Centers continue to work together with hospitals, physicians, nurses, and other healthcare providers to improve care for victims of sexual assault.

The AHA believes that the information in your letter that Arkansas has eight SANE nurses registered in the International Association of Forensic Nurses (IAFN) database is correct. The state does not maintain a separate database; however, we are aware that there are additional specially-trained nurses providing sexual assault forensic and medical examinations in the state. This training has been provided to the nurse locally and free-of-charge. Our state has done an excellent job of providing resources to hospitals as they assist victims in the emergency setting.

While the number of SANEs in the database is small, there are efforts underway to increase this number. Furthermore, all hospital emergency departments have access to protocols for sexual assault forensic and medical examination, and once again, these protocols are free of charge to the facility. Copies of the Arkansas-specific decision tree and healthcare protocol, as well as the comprehensive publication that includes state and national resources, are included with this letter.

The Arkansas State Crime Laboratory provides evidence collection kits to all hospitals throughout the state and has recently created a tracking system for each kit that ensures patient safety and chain of custody. While information in this system is not available to the general public, victims are provided access so that they are able to track their own kit's progress through the system.

The Commission on Child Abuse, Rape, and Domestic Violence has made educational presentations to the Regional Trauma Advisory Committees that encompass emergency medical technicians, physicians, nurses, hospital administrators, and others. The Commission has also planned a statewide, three-day training conference in November of this year and is working with the AHA to create presentations for our upcoming district meetings to be held throughout the state.

While you can see that Arkansas has done a good job of taking care of our citizens, one of our primary barriers continues to be a lack of federal resources to support these and other state initiatives. In the current environment in which more and more unfunded mandates is the norm, our hospitals constantly struggle to comply with the overwhelming statutory and regulatory burden while providing excellent care. Often, these mandates – even if well-intentioned – divert crucial resources from the patient's bedside.

We sincerely thank you and your colleagues for your interest in ensuring that victims of sexual assault have all the resources available to them that can help them heal. We also thank you for reaching out to the Arkansas Hospital Association and allowing us an opportunity to inform you of the vast collaborative efforts in our state intended to achieve that same goal.

Sincerely,

A handwritten signature in black ink, appearing to read "Bo Ryall". The signature is fluid and cursive, with the first name "Bo" and last name "Ryall" clearly distinguishable.

Bo Ryall

BR/ae